

**STATE OF UTAH**  
**DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**

**APPLICATION FOR LICENSURE**

**MASSAGE THERAPIST or**  
**MASSAGE APPRENTICE**

DOPL-AP-059 REV 09/27/2004

**APPLICATION INSTRUCTIONS AND INFORMATION**

**General Statement:** The Division desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and level of service, the Division will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply all necessary information will delay processing and may result in denial of licensure. Please read all instructions carefully.

**Address of Record:** The address listed on the application will be your address of record. All correspondence from the Division will be sent to that address. It is your responsibility to directly notify the Division of any change in address.

**Social Security Number:** Your social security number is classified as a private record pursuant to Title 63, Chapter 2, Utah Government Records Access and Management Act (GRAMA). It is used as an individual identifier for our licensing database and for purposes of the child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements the requirements of 42 U.S.C. 666(a)(13). An application that does not include a social security number is incomplete and cannot be processed.

**SUPPORTING DOCUMENTS AND FEES:**

If you are applying for a **massage therapist license** complete the following:

1. Submit two (2) blue applicant fingerprint cards (Form FD-258) to be used by the Division for a fingerprint search through the files of the Utah Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigation (FBI). (See Additional Important Information below.)
2. Submit one (1) of the following to document completion of the education and training requirements for licensure as a massage therapist:

- A. An official copy of your transcript or certificate of completion from a massage school educational program registered with the Utah Division of Consumer Protection or accredited by an accrediting agency recognized by the United States Department of Education, showing that you have completed not less than **600** hours of training.

**OR**

- B. The “Completion of Apprentice Program” form (attached to this application) if you completed an apprenticeship as a Utah licensed massage apprentice showing you have completed a minimum of **1,000** hours of supervised training.

- 3. Submit one (1) of the following to document completing the massage examination requirement:

- A. The original letter from Exporior documenting your passing score on the Utah Massage Theory Examination, if you completed an apprenticeship program as a licensed massage apprentice.

**OR**

- B. A copy of one (1) of the following from the National Certification Board for Therapeutic Massage and Body Work (“NCBTMB”):

- ☐ Original Score Report
- ☐ Preliminary Candidate Score Report
- ☐ National Certification Certificate

**NOTE:** An individual who has completed a massage school educational program, whose curriculum meets the standards approved by the Division, and who has applied for licensure as a massage therapist, may receive a **one-time, 120-day temporary license** to work as a massage therapist while in the process of applying to take the NCBTMB examination. (See Additional Important Information below.)

- 4. Submit the original letter from Exporior documenting your passing score on the Utah Massage Law and Rule Examination.
- 5. Submit a **\$99.00** non-refundable application-processing fee, made payable to “DOPL,” that includes a \$60.00 application fee for a massage therapist license, a \$15.00 surcharge for a BCI fingerprint file search, and a \$24.00 surcharge for an FBI fingerprint file search.

If you are applying for a **massage apprentice license** complete the following:

1. Submit a completed “Verification of Supervisor Work Experience” form (attached to this application).
2. Submit two (2) blue applicant fingerprint cards (Form FD-258) for the qualifying agent to be used by the Division for a fingerprint search through the files of the Utah Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigation (FBI). (See Additional Important Information below.)
3. Submit the original letter from Experior documenting your passing score on the Utah Massage Law and Rule Examination.
4. Submit a **\$74.00** non-refundable application-processing fee, made payable to “DOPL,” that includes a \$35.00 application fee for a massage apprentice license, a \$15.00 surcharge for a BCI fingerprint file search, and a \$24.00 surcharge for an FBI fingerprint file search.

#### **ADDITIONAL IMPORTANT INFORMATION:**

1. **Law and Rules Exam:** Applicants for licensure as a massage therapist or as a massage apprentice must pass the Utah Massage Law and Rule Examination.

Contact Experior at 1-800-882-3981 to register for the law examination.

You may also purchase a study guide from Experior, which has been prepared to assist candidates taking law exams. In addition, the following applicable laws and rules are available on the Internet at [www.dopl.utah.gov](http://www.dopl.utah.gov):

- ☐ Division of Occupational & Professional Licensing Act
- ☐ General Rules of the Division of Occupational & Professional Licensing
- ☐ Massage Therapy Practice Act
- ☐ Massage Therapy Practice Act Rules

You may also purchase the laws and rules for a fee from Experior at 1-800-882-3981.

2. **Current Documents:** Applications, statutes and rules may change from time to time. If you have not recently obtained any of these documents, you may want to contact the Division or visit our Internet site to verify that you have current versions.
3. **NCBTMB Certification:** To request information to take the National Certification Board for Therapeutic Massage and Bodywork Examination and become certified by NCBTMB, call: 800-296-0664 or 703-610-9015 or visit their website: [www.ncbtmb.com](http://www.ncbtmb.com).

4. **Utah Massage Theory Examination:** The Utah Massage Theory Examination is available only to persons who completed an apprenticeship program as a Utah licensed massage apprentice. Contact Experior at 1-800-882-3981 to register for the examination.
5. **Examination Fees:** There are separate fees for all examinations. It is the responsibility of the applicant to submit the fees directly to the testing agency.
6. **License Renewal:** All massage licenses expire on May 31 of each odd-numbered year.

Unlike many other states, Utah's license renewal schedule **is not** based on the licensee's date of initial licensure. Under Utah's renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee's first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application-processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Renewal information is disseminated to the licensee's last known address, as provided to the Division, approximately two months prior to the expiration date shown on the license.

7. **Fingerprint Information:** All applicants are now required to include two (2) applicant fingerprint cards with their application. Applicant fingerprint cards are supplied with the massage therapist and massage apprentice application if you obtain the application from the Division or from Experior. If you have downloaded the application from the Internet, you may obtain fingerprint cards from the Division or from the Bureau of Criminal Identification at 3888 West 5400 South, Taylorsville, Utah. Note: The Division will not roll your fingerprints. To have your fingerprints rolled on the applicant card, you must go to your local police station or to the Bureau of Criminal Identification. There is a fee charged for this service.

**WARNING:** If information received from the Utah Bureau of Criminal Identification or the Federal Bureau of Investigation indicates that you have failed to accurately disclose your criminal history to the Division of Occupational and Professional Licensing, any massage therapist or massage apprentice license issued to you will be immediately and automatically revoked.

**REVIEW OF YOUR FBI RECORD:** You have the right to review your FBI record and to complete or challenge the accuracy of the information contained in that record. If you wish to review your FBI record, contact the FBI field office that serves your area for instruction on the procedure and any applicable fees. All residents of Utah should direct their inquiries to the Salt Lake Field Office, 257 East 200 South, Suite 1200, Salt Lake City, Utah 84111. Telephone (801) 579-1400.

8. **TEMPORARY LICENSURE:** You may receive a **one-time, 120-day temporary license** to work as a massage therapist if you submit 1) evidence that you have graduated from a massage school whose curriculum meets the standards approved by the Division, 2) a complete Utah application for licensure as a massage therapist, and 3) a copy of your NCBTMB e-mail receipt confirmation for online application or an official return mail receipt verifying that you have submitted an application for certification with the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB).

If you fail the NCBTMB examination, the temporary license will become void and may not be extended. In addition, your application for licensure as a Massage Therapist will become incomplete and may be denied.

9. **Updating Address Information:** It is a licensee's responsibility to maintain a current address with the Division. If your address is incorrect, you will not receive renewal notices or other correspondence.
10. **Name Change:** If you have been licensed by the Division under any other name, please submit documentation of your name change such as a copy of your marriage license or divorce decree.
11. **Mail Complete Application to:**

**By U.S. Mail**

Division of Occupational & Professional Licensing  
P.O. Box 146741  
Salt Lake City, Utah 84114-6741

**By Delivery or Express Mail**

Division of Occupational & Professional Licensing  
160 East 300 South, 1st Floor Lobby  
Salt Lake City, Utah 84111

12. **Telephone Numbers:** (801) 530-6628  
  
(866) ASK-DOPL – Toll-free in Utah  
(866) 275-3675
13. **Fax Number:** (801) 530-6511

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# APPLICATION FOR LICENSURE

## GENERAL INFORMATION

License Applying For: \_\_\_\_\_ Massage Therapist

\_\_\_\_\_ Massage Apprentice

Social Security Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Have You Ever Held A Utah License Before? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Name of Profession: \_\_\_\_\_

If Yes, License Number: \_\_\_\_\_

Gender (Male or Female): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## MAILING ADDRESS:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Telephone: \_\_\_\_\_

## DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: \_\_\_\_\_

Date License/Certificate Approved: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date License/Certificate Denied: \_\_\_\_\_

Denied By: \_\_\_\_\_

Reason For Denial/Other Comments: \_\_\_\_\_

**PROFESSIONAL EDUCATION:** (Attach additional sheets if necessary.)

1. Name: \_\_\_\_\_  
Location: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_ to \_\_\_\_\_ Date of Graduation: \_\_\_\_\_  
Degree Received: \_\_\_\_\_ Number of Credit Hours: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Location: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_ to \_\_\_\_\_ Date of Graduation: \_\_\_\_\_  
Degree Received: \_\_\_\_\_ Number of Credit Hours: \_\_\_\_\_

**PROFESSIONAL EXAMINATION REQUIREMENT:**

Answer “yes” or “no.”

\_\_\_\_\_ NCBTMB Examination, Date Passed: \_\_\_\_\_  
\_\_\_\_\_ Utah Massage Law and Rules Examination, Date Passed: \_\_\_\_\_  
\_\_\_\_\_ Utah Massage Theory Examination, Date Passed: \_\_\_\_\_

**NOTE:** The Utah Massage Theory Examination is only for those who have completed a Utah Massage Apprenticeship Program.

**LICENSES:**

List all licenses, registrations, or certifications issued by any state that you now hold or have ever held in a regulated profession. (Use additional sheets if necessary.)

Issuing State: \_\_\_\_\_ Profession: \_\_\_\_\_  
License Status: \_\_\_\_\_ License Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
Issuing State: \_\_\_\_\_ Profession: \_\_\_\_\_  
License Status: \_\_\_\_\_ License Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_



# MASSAGE THERAPIST AND MASSAGE APPRENTICE QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. \_\_\_\_\_ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. \_\_\_\_\_ Have you ever been denied the right to sit for a licensure examination?
3. \_\_\_\_\_ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. \_\_\_\_\_ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
5. \_\_\_\_\_ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency or governmental agency?
6. \_\_\_\_\_ Is any action related to your conduct or patient care pending against you now at any hospital or health care facility?
7. \_\_\_\_\_ Have you ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
8. \_\_\_\_\_ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
9. \_\_\_\_\_ Have you been named as a defendant in a malpractice suit?
10. \_\_\_\_\_ Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions, or conditions imposed by any malpractice carrier?
11. \_\_\_\_\_ Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?

*(Questions continue on following page.)*

12. \_\_\_\_\_ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
13. \_\_\_\_\_ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
14. \_\_\_\_\_ Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
15. \_\_\_\_\_ Have you ever been terminated from a position because of drug use or abuse?
16. \_\_\_\_\_ Are you currently using or have you recently (within 90 days) used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
17. \_\_\_\_\_ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
18. \_\_\_\_\_ Do you currently have any criminal action pending?
19. \_\_\_\_\_ Have you pled guilty to, no contest to, or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
20. \_\_\_\_\_ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
21. \_\_\_\_\_ Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed (i.e. plea in abeyance or deferred sentence)?
22. \_\_\_\_\_ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?

*(Information continues on following page.)*

**If you answered “yes” to questions 18, 19, 20, 21, or 22 above, you must include with your application a copy of the police report, court docket, any probation/parole officer report, and a narrative of the circumstances that occurred for EACH and EVERY arrest and/or conviction.**

**If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.**

**If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Please be aware that expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.**

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**If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.**

**A “yes” answer does not necessarily mean you will not be granted a license; however, the Division may request additional documentation if the information submitted is insufficient.**

# **AFFIDAVIT and RELEASE AUTHORIZATION**

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize the Division to review my past by conducting a fingerprint criminal background check to ascertain any and all information, which is pertinent to my licensure qualifications. I understand that any license issued to me will be conditional, pending completion of the criminal background check and if the criminal background check discloses that I have failed to accurately disclose a criminal history, my license shall immediately and automatically be revoked.

I authorize all persons, institutions, organization, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

Division of Occupational and Professional Licensing

160 East 300 South, P.O. Box 146741  
Salt Lake City, Utah 84114-6741  
FAX: (801) 530-6511

## VERIFICATION OF SUPERVISOR WORK EXPERIENCE

### TO BE COMPLETED BY THE SUPERVISOR:

Name of Proposed Massage Apprentice: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Supervisor's Home Address: \_\_\_\_\_

Supervisor's Home Phone: \_\_\_\_\_

Supervisor's Business Address: \_\_\_\_\_

Supervisor's Business Phone: \_\_\_\_\_

Supervisor's License Number: \_\_\_\_\_

Date Licensed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Number of Years Licensed: \_\_\_\_\_

List supervisor's work experience in chronological order. Attach additional sheets if necessary.

Dates Employed: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

Average Number of Hours Worked Each Week: \_\_\_\_\_

Dates Employed: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

Average Number of Hours Worked Each Week: \_\_\_\_\_

Dates Employed: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

Average Number of Hours Worked Each Week: \_\_\_\_\_

Dates Employed: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

Average Number of Hours Worked Each Week: \_\_\_\_\_

Total Hours Worked: \_\_\_\_\_

I am currently licensed as a massage therapist in the state of Utah and have at least 6,000 hours of qualifying experience as defined in Law and Rule, and I have agreed to train the named proposed massage apprentice under my direct supervision. I further state that I am familiar with the Laws and Rules pertaining to apprenticeship and will comply fully with said Laws and Rules.

Signature of Supervisor: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Division of Occupational and Professional Licensing

160 East 300 South, P.O. Box 146741  
Salt Lake City, Utah 84114-6741  
FAX: (801) 530-6511

## COMPLETION OF APPRENTICE PROGRAM

### TO BE COMPLETED BY THE SUPERVISOR:

Name of Apprentice: \_\_\_\_\_

Apprentice's License Number: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Supervisor's License Number: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Date Apprentice Program Began: \_\_\_/\_\_\_/\_\_\_ Date Apprentice Program Completed: \_\_\_/\_\_\_/\_\_\_

Total Massage Theory Training Hours: \_\_\_\_\_

Total Hours of Hands-on Instruction: \_\_\_\_\_

Total Massage Client Service Hours: \_\_\_\_\_

Total Ethics Training Hours: \_\_\_\_\_

Total Massage Techniques Training Hours: \_\_\_\_\_

Total Anatomy, Physiology, and Pathology Training Hours: \_\_\_\_\_

Total Business Practice Training Hours: \_\_\_\_\_

Total Safety and Sanitation Training Hours: \_\_\_\_\_

Total Number of Training Hours Completed: \_\_\_\_\_

